#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: ELIZABETH RESIDENCE OF BAYSIDE (0010952)

Address: 9289 N PT WASHINGTON RD, BAYSIDE, WI 53217

**License Status: REGULAR** 

Licensed/Certified/Registered 12/01/2005

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History** 

Compliance

Verified

Corrected

Survey ID: 0096021 End Date: 12/06/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008875 Served 12/12/2005

Deficiencies Cited Subject Area

83.32(2)(a) INDIVIDUALIZED SERVICE PLAN-SCOPE

Survey ID: 0095044 End Date: 06/09/2005 Type: INITIAL Purpose: SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History			
Date Complaint Received: 10/20/2005	Date Investigation Completed: 1	2/06/2005	
Subject Area(s) STAFF TRAINING AND PROFICIENCY PROGRAM SERVICES	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#	
D ( C   1 ' ( D   ' 1   00/2/2007	Date Investigation Completed: 12/06/2005		
Date Complaint Received: 09/26/2005	Date Investigation Completed: 1	2/06/2005	

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